

Doses* of Antituberculosis Drugs for Adults and Children[†]

Drug	Preparation	Adults/Children	Daily	Doses		
				1x/wk	2x/wk	3x/wk
FIRST LINE DRUGS						
Isoniazid	Tablets (50 mg, 100 mg, 300 mg); elixir (50 mg/5 ml); aqueous solution (100 mg/ml) for intravenous or intramuscular injection.	Adults (max.)	5 mg/kg (300 mg)	15 mg/kg (900 mg)	15 mg/kg (900 mg)	15 mg/kg (900 mg)
		Children (max.)	10-15 mg/kg (300 mg)		20-30 mg/kg (900 mg)	
Rifampin	Capsule (150 mg, 300 mg) powder may be suspended for oral administration; queous solution for intravenous injection	Adults± (max.)	10 mg/kg (600 mg)		10 mg/kg (600 mg)	10 mg/kg (600 mg)
		Children (max.)	10-20 mg/kg (600 mg)		10-20 mg/kg (600 mg)	
Rifabutin	Capsule (150 mg)	Adults± (max.)	5 mg/kg (300 mg)		5 mg/kg (300 mg)	5 mg/kg (300 mg)
		Children	Appropriate dosing for children is unknown			
Rifapentine	Tablet (150 mg, film coated)	Adults		10 mg/kg (continuation phase) (600 mg)		
		Children	The drug is not approved for use in children			
Pyrazinamide	Tablet (500 mg, scored)	Adults	See table "Suggested PZA Doses, Using Whole Tablets, For Adults Weighing 40-90 Kg"		See table "Suggested PZA Doses, Using Whole Tablets, For Adults Weighing 40-90 Kg"	See table "Suggested PZA Doses, Using Whole Tablets, For Adults Weighing 40-90 Kg"
		Children (max.)	15-30 mg/kg (2.0 g)		50 mg/kg (2 g)	

Doses* of Antituberculosis Drugs for Adults and Children[†] (continued)

Drug	Preparation	Adults/Children	Daily	Doses		
				1x/wk	2x/wk	3x/wk
FIRST LINE DRUGS (continued)						
Ethambutol	Tablet (100 mg 400 mg)	Adults	See table “Suggested EMB Dosages, Using Whole Tablets, For Adults Weighing 40-90 Kg”		See table “Suggested EMB Dosages, Using Whole Tablets, For Adults Weighing 40-90 Kg”	See table “Suggested EMB Dosages, Using Whole Tablets, For Adults Weighing 40-90 Kg”
		Children§ (max.)	15-20 mg/kg daily (1.0 g)		50 mg/kg (2.5 g)	
SECOND-LINE DRUGS						
Cycloserine	Capsule (250 mg)	Adults (max.)	10-15 mg/kg/d, (1.0 g in two doses), usually 500-750 mg/d in two doses# #	There are no data to support intermittent administration		
		Children (max.)	10-15 mg/kg/d (1.0 g/d)			
Ethionamide	Tablet (250 mg)	Adults# (max.)	15-20 mg/kg/d (1.0g/d), usually, 500-750 mg/d in a single daily dose or two divided doses#	There are no data to support intermittent administration		
		Children (max.)	15-20 mg/kg/d (1.0 g/d)			
Streptomycin	Aqueous solution (1-g vials) for intramuscular or intravenous administration	Adults (max.)	**			
		Children (max.)	20-40 mg/kg/d (1 g)		20 mg/kg	

Doses* of Antituberculosis Drugs for Adults and Children[†] (continued)

Drug	Preparation	Adults/Children	Daily	Doses		
				1x/wk	2x/wk	3x/wk
SECOND-LINE DRUGS (continued)						
Amikacin/Kanamycin	Aqueous solution (500 mg and 1-g vials) for intramuscular or intravenous administration	Adults (max.)	**			
		Children (max.)	15-30 mg/kg/d (1 g) intravenous or intramuscular as a single daily dose		15-30 mg/kg	
Capreomycin	Aqueous solution (1-g vials) for intramuscular or intravenous administration	Adults (max.)	**			
		Children (max.)	15-30 mg/kg/d (1 g) as a single daily dose		15-30 mg/kg	
p-Aminosalicylic acid (PAS)	Granules (4-g packets) can be mixed with food; tablets (500 mg) are still available in some countries, but not in the United States; a solution for intravenous administration is available in Europe	Adults	8-12 g/d in 2 or 3 doses	There are no data to support intermittent administration		
		Children	200-300 mg/kg/d in 2 to 4 divided doses (10g)			
Levofloxacin	Tablets (250 mg, 500 mg, 750-mg); aqueous solution (500 mg vials) for intravenous injection	Adults	500 – 1,000 mg daily	There are no data to support intermittent administration		
		Children	††			
Moxifloxacin	Tablets (400 mg); aqueous solution (400 mg/250 ml) for intravenous injection	Adults	400 mg daily	There are no data to support intermittent administration		
		Children	‡‡			

Doses* of Antituberculosis Drugs for Adults and Children[†] (continued)

Drug	Preparation	Adults/Children	Daily	Doses		
				1x/wk	2x/wk	3x/wk
SECOND-LINE DRUGS (continued)						
Gatifloxacin	Tablets (400 mg); aqueous solution (200 mg/20 ml; 400 mg/40 ml) for intravenous injection	Adults	400 mg daily	There are no data to support intermittent administration		
		Children	§§			

Note: Additional tables referenced within this table can be accessed via the Tables button or the Search feature.

* Dose per weight is based on ideal body weight. Children weighing more than 40 kg should be dosed as adults.

† For purposes of this document adult dosing begins at age 15 years.

‡ Dose may need to be adjusted when there is concomitant use of protease inhibitors or nonnucleoside reverse transcriptase inhibitors.

§ The drug can likely be used safely in older children but should be used with caution in children less than 5 years of age, in whom visual acuity cannot be monitored. In younger children EMB at the dose of 15 mg/kg per day can be used if there is suspected or proven resistance to INH or RIF.

It should be noted that, although this is the dose recommended generally, most clinicians with experience using cycloserine indicate that it is unusual for patients to be able to tolerate this amount. Serum concentration measurements are often useful in determining the optimal dose for a given patient.

The single daily dose can be given at bedtime or with the main meal.

** Dose: 15 mg/kg per day (1 g), and 10 mg/kg in persons more than 59 years of age (750 mg). Usual dose: 750–1,000 mg administered intramuscularly or intravenously, given as a single dose 5–7 days/week and reduced to two or three times per week after the first 2–4 months or after culture conversion, depending on the efficacy of the other drugs in the regimen.

†† The long-term (more than several weeks) use of levofloxacin in children and adolescents has not been approved because of concerns about effects on bone and cartilage growth. However, most experts agree that the drug should be considered for children with tuberculosis caused by organisms resistant to both INH and RIF. The optimal dose is not known.

‡‡ The long-term (more than several weeks) use of moxifloxacin in children and adolescents has not been approved because of concerns about effects on bone and cartilage growth. The optimal dose is not known.

§§ The long-term (more than several weeks) use of gatifloxacin in children and adolescents has not been approved because of concerns about effects on bone and cartilage growth. The optimal dose is not known.